

2020-2021  
**SCHOLARSHIP APPLICATION**  
 Citizens Bank & Trust - Trust Department  
 101 N Main – PO Box 70  
 Rock Port, MO 64482

A scholarship candidate must be enrolled as a student in an accredited college or university after having completed twenty-eight (28) academic hours of post-secondary education. ALL INFORMATION MUST BE COMPLETE - DO NOT LEAVE AN AREA UNANSWERED. USE ONLY THE SHEET PROVIDED. PLEASE PRINT OR TYPE. \*To form fill from the PDF file - Select the "Sign & Fill" Tool & Click to fill in each section.

Personal Information-

Name: \_\_\_\_\_ Parent(s): \_\_\_\_\_  
 Primary Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_

Academic Information-

High School  
 Graduated from: \_\_\_\_\_ GPA: \_\_\_\_\_ Scale: \_\_\_\_\_ Class Rank: \_\_\_\_ / \_\_\_\_ (your rank/total # of students)  
 Graduate Year: \_\_\_\_\_  
 High School Extracurricular Activities, Academic Honors, Awards:

College/University Attending: \_\_\_\_\_ Hours taken this summer (if any): \_\_\_\_\_  
 Major/field of study: \_\_\_\_\_ Summer Address: \_\_\_\_\_  
 Future Occupational Plans: \_\_\_\_\_  
 Anticipated Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Summer Phone #: \_\_\_\_\_  
 Completed Hours as of May 2020: \_\_\_\_\_ GPA: \_\_\_\_\_ Student ID#: \_\_\_\_\_

ANNUAL COST:		PERCENT OF TOTAL COST: (must equal 100%)			
TUITION	\$	LOANS	%	WORK STUDY	%
ROOM & BOARD	\$	GRANTS	%	VOCATIONAL REHAB	%
OTHER COSTS	\$	SCHOLARSHIPS	%	PARENTS	%
<b>TOTAL</b>	<b>\$</b>	EMPLOYMENT	%	OTHER (please explain)	%

College Extracurricular Activities, Academic Honors, Awards:

Describe your future plans/careers/goals:  
 (Where do you prefer to locate once your education is complete and where do you see yourself in 5-10 years on your career goals?)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_